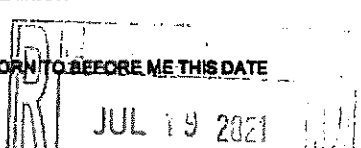


<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To:      Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA  <input checked="" type="checkbox"/> EEOC         </div> <div style="text-align: right;"> <b>560-2021-00119</b> </div> </div>	
<b>Missouri Commission On Human Rights</b> and EEOC <i>State or local Agency, if any</i>			
Name (Indicate Mr., Ms., Mrs.) <b>Ms. Sabrina B. Duncan</b>		Home Phone (Incl. Area Code) <b>417-353-9292</b>	Date of Birth <b>03/12/1975</b>
Street Address <b>1183 S. Roanoke AVE, Springfield, MO 65807</b>		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>JACK HENRY &amp; ASSOCIATES, INC.</b>		No. Employees, Members <b>500 or More</b>	Phone No. (Include Area Code) <b>417-235-6682</b>
Street Address <b>3725 EAST BATTLEFIELD, Springfield, MO 65809</b>		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> RACE</div> <div style="width: 50%;"><input type="checkbox"/> COLOR</div> <div style="width: 50%;"><input checked="" type="checkbox"/> SEX</div> <div style="width: 50%;"><input type="checkbox"/> RELIGION</div> <div style="width: 50%;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="width: 50%;"><input type="checkbox"/> RETALIATION</div> <div style="width: 50%;"><input type="checkbox"/> AGE</div> <div style="width: 50%;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="width: 50%;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="width: 50%;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest      Latest <b>05-22-2020      10-05-2020</b>  <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>Ms. Duncan is a transgender woman diagnosed with Gender Dysphoria. Her Employer, Jack Henry &amp; Associates, Inc. ("Jack Henry"), provides a health insurance plan (the "Plan") as an employment benefit. Following medical assessment, Ms. Duncan's doctors determined it was medically necessary that she receive Facial Feminization Surgery ("FFS"), a form of Gender Transition surgery, to treat her Gender Dysphoria. Her prescribed surgical plan also includes procedures related to Temporomandibular Joint Disorder ("TMJ"). The Plan, through Jack Henry and the third-party administrators it selected, denied Ms. Duncan's request for prior authorization of coverage for the surgery (prior authorization is required under Plan terms) and each of Ms. Duncan's appeals. The Plan asserted that the denials of all coverage for the prescribed procedures—even the procedures prescribed to treat Ms. Duncan's TMJ (which Jack Henry's outside counsel acknowledged is covered by the Plan)—were based on a "Cosmetic" exclusion and a United Healthcare policy on Gender Dysphoria that prohibits FFS coverage. The Plan's blanket denial of coverage for all the prescribed surgical procedures resulted directly from Jack Henry's discrimination against Ms. Duncan because of her sex and disability. Indeed, the Plan offers coverage for many FFS procedures when they are prescribed to treat conditions that are unrelated to transgender people or mental health. Ms. Duncan exhausted the Plan's internal appeal process on October 5, 2020. Further conversations with Jack Henry were unsuccessful at securing Ms. Duncan's access to coverage under the Plan. The policies and Plan Interpretations Jack Henry relies on in its coverage denials against Ms. Duncan are contrary to generally accepted standards of medical practice. Ms. Duncan remains without the medically necessary treatment she needs because of Jack Henry's sex-and-disability-based discrimination against her, which has resulted in plainly unequal employment benefits that are contrary to law.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.  I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) <div style="text-align: center;">  </div>	
Date: <u>7-19-2021</u> Charging Party Signature: <u>[Signature]</u>			

**EXHIBIT**EEOC  
ST. LOUIS DISTRICT